

## SUMMARY FORM

### COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

**Section I: Agreement Details**

Public Employer: Butler Board of Education County: Morris  
Employee Organization: Butler Custodial and Maintenance Association Employees in Unit: 22  
Base Year Contract Term: 7/1/2011 6/30/2014 New Contract Term 7/1/2014 6/30/2017  
Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

		<u>Column A</u> <u>Base Year - Total Costs</u> (Last Year of Previous agreement)	<u>Column B</u> <u>New Base Year - Total Costs</u> (First Year of Successor agreement)
<b>Section II: Economic</b>			
<i>Item 1</i> .....	<u>Salary</u>	<u>\$798,763</u>	<u>\$814,139</u>
<i>Item 2</i> .....	<u>Increment</u>	_____	_____
<i>Item 3</i> .....	<u>Longevity</u>	<u>\$11,483</u>	<u>\$11,483</u>
<i>Item 4</i> .....	_____	_____	_____
<i>Item 5</i> .....	_____	_____	_____
<i>Item 6</i> .....	_____	_____	_____
<i>Item 7</i> .....	_____	_____	_____
<i>Item 8</i> .....	_____	_____	_____
<i>Item 9</i> .....	_____	_____	_____
<i>Item 10</i> .....	_____	_____	_____
<i>Item 11</i> .....	_____	_____	_____
<i>Item 12</i> .....	_____	_____	_____
Any additional items list on separate sheet	Additional Items	_____	_____
<b>Section III: Totals</b> - Sum of costs in each column		<u>\$810,246</u> (Total)	<u>\$825,622</u> (Total)

**Section IV: Analysis of new successor agreement****NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)	<u>\$810,246</u>		
Effective Date (m/d/yyyy)	<u>7/1/2014</u>	<u>7/1/2015</u>	<u>7/1/2016</u>
Percent Increase	<u>.01925</u>	<u>.01925</u>	<u>.024</u>
Total cost of increase	<u>\$15,376</u>	<u>\$15,762</u>	<u>\$19,915</u>
Total base salary (successor agreement)	<u>\$825,622</u>	<u>\$841,294</u>	<u>\$861,209</u>

**Section V: Impact of Settlement - average annual increase over term of agreement**

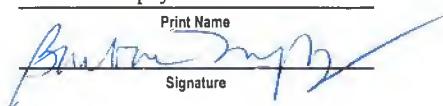
Percentage Impact (average per year over term of agreement)	<u>0.02</u>
Dollar Impact (average per year over term of agreement)	<u>\$17,017.00</u>

**Section VI**

Health Insurance (Indicate costs associated on each line)	Base Year	Year 1	
Cost of Health Plan	<u>\$212,934</u>	<u>\$234,227</u>	_____
Employee Contributions	<u>\$10,816</u>	<u>\$11,360</u>	_____
Prescription	<u>\$53,233</u>	<u>\$58,556</u>	_____
Dental	<u>\$24,158</u>	<u>\$24,158</u>	_____
Vision	_____	_____	_____

*The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.*

**Section VII**

Prepared by: Barbara Murphy Title: School Business Administrator  
Print Name: Barbara Murphy Date: 10/7/2014  
Signature:   
Barbara Murphy